

APR 10 1969

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

CLJA EX 1

CERTIFICATE OF LIVE BIRTH

REGISTRATION NO. **67-00**

LOCAL NO. \_\_\_\_\_

BIRTH NO. - 132

**69-020204**

I certify that the photocopy on the reverse side is a true copy of the original record filed in the vault of North Carolina Vital Records, N.C. Department of Health and Human Services.

State File Number **1969000020204 35709**

Date Issued **03-22-2011**

*Linda Brinkley*  
Linda Brinkley  
North Carolina State Registrar

NAME OF CHILD <b>ANDREW</b>		SEX <b>MALE</b>	
DATE BIRTH-LOCAL TIME, MONTH, DAY, YEAR <b>21 MARCH 1969</b>		HOURS OF BIRTH <b>11:23 P.M.</b>	
PLACE OF BIRTH <b>STINGLES</b>		COUNTY <b>ONSLOW</b>	
CITY OR TOWN <b>CAMP LEJEUNE</b>		CITY OR TOWN <b>JACKSONVILLE</b>	
NAME OF HOSPITAL <b>NAVAL HOSPITAL</b>		STREET ADDRESS OR R.F.D. NO. <b>1243 DAVIS STREET</b>	
NAME OF FATHER <b>PHILIP</b>		AGE at time of birth <b>22</b>	
MARRIAGE NAME OF MOTHER <b>SANDRA</b>		AGE at time of birth <b>20</b>	
PERMANENT NAME <b>SANDRA KAY STRAW</b>		RELATION TO CHILD <b>MOTHER</b>	
SIGNATURE <i>[Signature]</i>		DATE <b>MARCH 26 1969</b>	
ATTENDANT'S NAME <b>J. M. REED, LCDR MC USN</b>		APPROVED <b>NAVAL HOSPITAL, CAMP LEJEUNE, N.C.</b>	
DATE RECEIVED BY LOCAL B.O. <b>4/2/69</b>		SIGNATURE OF REGISTRAR <i>[Signature]</i>	



DEPARTMENT OF THE NAVY  
HEADQUARTERS UNITED STATES MARINE CORPS  
MANPOWER MANAGEMENT RECORDS AND PERFORMANCE BRANCH  
2008 ELLIOT ROAD  
QUANTICO, VA 22134-5030

CLJA EX 2

1070  
MMRP-13/Cong  
April 23, 2021

Mr. Andrew Straw  
70012<sup>th</sup> Street NW  
Ste. 700 PMB 92403  
Washington, DC 20005

Dear Mr. Straw:

This is in response to your request addressed to Congresswoman Eleanor Holmes Norton, which has been forwarded to us for reply.

A copy of your father, Phillip Straw's Official Military Personnel File (OMPF) are enclosed.

Sincerely,

A handwritten signature in cursive script, appearing to read "K. Payne", is written above the typed name.

K. PAYNE

Human Resources Assistant  
Congressional Unit  
Records Research and Reconstruction Section  
Manpower Management Records and  
Performance Branch  
By direction of the Commandant of the Marine Corps

Enclosure: 1. OMPF

## RECORD OF SERVICE

Exhibit 2

ORGANIZATION	DATE	REASON	PRIMARY DUTY	PROFICIE		CONDUCT	SIGNATURE OF MARKING OFFICER
				GENERAL MILITARY SUBJECTS	TALENT		
1st Rtrng Bn, RTR MCRDep. SDiego	27 OCT 1967	Jd	9900 RecruitTrng				By Dir
1st Rtrng Bn, RTR MCRDep. SDiego	05 JAN 1968	Tr	9900 RecruitTrng	4.2	4.2	4.2	By Dir
CasSecHQCo, 2nd Bn	21 Aug 68	Jd	Msm				3-69 33212
2nd ITR MCB, Camp Pan CasSecHQCo, 2nd Bn	21 Aug 68	Jd	Msm				By Dir
2nd ITR MCB, Camp Pan Q Co 2nd Bn 2nd ITR MCB Camp Pan Calif	17 JAN 1968	Jd	DUINS ICT				By Dir
Q Co 2nd Bn 2nd ITR MCB Camp Pan Calif	07 FEB 1968	Tr	DUINS ICT		4.1	4.1	By Dir
StudMiscAvnGrp MAD, NATTC, JAXFLA.	3 Mar 68	Jd	DUINS AE(A) Scol				By Dir
StudMiscAvnGrp MAD, NATTC, JAXFLA.	23 Aug 68	Tr	DUINS AE(A) Scol		4.7	4.7	
PermPers MAD, NATTC, JAXFLA.	24 Aug 68	Jd	SUPPORT AE(A) Scol				By Dir
PermPers MAD, NATTC, JAXFLA.	22 Nov 68	Tr	SUPPORT AE(A) Scol		4.7	4.7	By Dir
HMH-461, MAG-26 MCAS(H), NR, JAXNC	19 Dec 68	Jd	6241 A/CElecSys				By Dir
HMH-461 MAG-26 MCAS New River, JAX NC	690605	To Tad	CH-53A Sch				By Dir
HMH-461 MAG-26 MCAS New River, JAXNC	690704	To Du	6241				
HMH-461 MAG-26 MCAS New River, JAXNC	690704	Fr	CH				
HMH-461 MAG-26 MCAS New River, JAXNC	690704	To Du	A/CElecSys				By Dir
HMH-461 MAG-26 MCAS New River, JAXNC	690731	Semi-Ann	A/CElecSys	4.2	4.6	4.6	By Dir
HMH-461 MAG-26 MCAS New River, JAX NC	691005	To Tad	Group Guard				By Dir
HMH-461 MAG-26 MCAS New River, JAX NC	700118	To Lv	ANNUAL				By Dir
HMH-461 MAG-26 MCAS New River, JAX NC	700128	To Du	A/CElecSys				By Dir
HMH-461 MAG-26 MCAS New River, JAX NC	700131	Semi Ann	A/CElecSys	4.2	4.7	4.7	By Dir
HMH-461 MAG-26 MCAS New River, JAX NC	700724	Tr	A/CElecSys		4.9	4.9	By Dir
2nd Repl CO, Stag Bn MCB Camp Pan Calif	00823	Jd	Repl				By Dir
2nd Repl CO, Stag Bn MCB Camp Pan Calif	700916	Tr	Repl				By Dir
HMH-461 MAG-16, 1st MAW IPO, SFPAH 96602	700921	Jd	6242 A/CElecSystech				By Dir

DISCREPANT PLATE INFORMATION

STRAW, PHILLIP U.D.

2415425

MAG-16, 1st MAW  
SFPAH 96602

710114

NAME (Last)

(First)

(Middle)

SERVICE NO.

NAME 118(3)-PD (Rev. 5-62) SUPERSEDES PREVIOUS EDITION WHICH WILL BE USED

CONTINUED ON SUPPLEMENTAL PAGE

NATIONAL PERSONNEL RECORDS CENTER

1 ARCHIVES DRIVE ST LOUIS, MO 63138-1002

[www.archives.gov](http://www.archives.gov)



July 7, 2015

CLJA EX 3

ANDREW STRAW  
1900 E. GOLF RD, SUITE 950A  
SCHAUMBURG, IL 60173

**RE:           Veteran's Name: STRAW, Phillip U.d.**  
**SSN/SN: \*\*\*\*\*436**  
**Request Number: 2-14068528976**

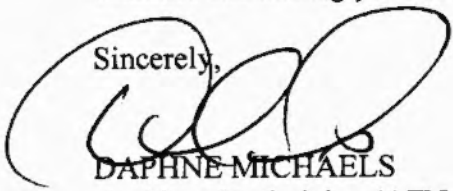
Dear Recipient:

Thank you for contacting the National Personnel Records Center. We are pleased to respond to your request for the requested Medical Records by providing the enclosed document(s). A search of the files only reflects the enclosed medical records.

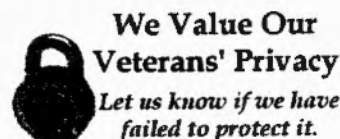
The Privacy Act of 1974 does not permit the release of personal information without the authorization of the individual concerned; therefore, if present in the record, personal data pertaining to other individuals have been blacked out.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>.

Sincerely,

  
DAPHNE MICHAELS  
Archives Technician (AFN-MC1D)

Enclosure(s)



CLINICAL RECORD

AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA  
AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

NAME OF MEDICAL FACILITY

U. S. Naval Hospital  
Camp Lejeune, North Carolina

DATE

3-19-69

1. I hereby consent to the performance upon myself or  
(name of patient)

*Sandra Straw*

*\*Any procedure necessary to deliver my baby*

of

(State nature of operation or procedure as: "an operation to remove appendix")

and of such additional operations or procedures as are considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

2. The nature and purpose of the operation, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I further consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the medical staff of the above-named medical facility, with the exception of

(State "None," or name anesthetic)

4. I also consent to the disposal by authorities of the above-named medical facility of any tissues or parts which it may be necessary to remove.

5. For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

(Cross out paragraphs above which are not appropriate.)

Signature of patient

*x Sandra H. Straw*

When patient is incompetent to affix signature:

Signature of person  
authorized to consent for patient

Address

Authority to consent

WITNESS: Signature

*Doris Reed Lynn*

Address

U. S. Naval Hospital  
Camp Lejeune, North Carolina

City and State

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,  
middle initial; date; hospital or medical facility)

23 AUG 48 IND.  
STRAW, SANDRA KAY

REGISTER NO.

WARD NO.

28

AUTHORIZATION FOR ANESTHESIA, OPERATIONS, ETC.  
Standard Form 522  
522-104



## PEDIATRIC GRAPHIC CHART

390-930 N 19 MAR 69 PROT  
D/S LCPL USMC 241 54 25  
19 MAR 69 N.C.  
STRAN.

GPO 572-062

CLINICAL RECORD				NEWBORN			
MOTHER'S LAST NAME—FIRST NAME—MIDDLE NAME <i>Straw, Sadie Kay</i>				AGE <i>22</i>	RACE <i>Cauc</i>	REGISTER NO. <i>390-900</i>	FATHER'S LAST NAME—FIRST NAME—MIDDLE NAME <i>Straw Phillip U.D.</i>
EXPECTED DATE OF CONFINEMENT <i>4-3-69</i>		MOTHER'S HEALTH PRIOR TO PREGNANCY <i>App good</i>		ABNORMALITIES OF PREVIOUS PREGNANCIES <i>None</i>			
GRAVIDA <i>7</i>	PARA <i>0</i>	STILLBIRTHS <i>0</i>	ABORTIONS <i>0</i>	LIVING CHILDREN <i>0</i>	FATHER'S Rh <i>A pos</i>	MOTHER'S BLOOD GROUP <i>O</i>	ANTI Rh <i>neg</i>
PRENATAL CARE BY (Name of Physician) <i>USNH CLINIC</i>				LAST MENSTRUAL PERIOD <i>6-26-69</i>	SEROLOGY—TREATMENT IF POSITIVE <i>None</i>		VIT. K <i>None</i>
PRENATAL COURSE: (Include illnesses, contacts with diseases. Details under remarks) <i>Unremarkable</i>							COMPLICATIONS OF DELIVERY <i>0</i>
ANALGESIA (State whether scopolamine, barbiturate or opiate; dosage and hours of administration) <i>Morphine 100 mg in gm 1m 0755 Morphine 75 mg 7 1m 0755 Morphine 25 mg 7 1m 0755</i>							ANESTHESIA (Length of administration, kind, and amount) <i>Saddle</i>
DATE OF BIRTH <i>3-19-69</i>				TIME <i>1137</i>			
METHOD OF DELIVERY <i>Vag</i>		LENGTH OF FIRST STAGE <i>5 HRS. 40 MIN.</i>	LENGTH OF SECOND STAGE <i>5 HRS. 57 MIN.</i>	INFANT'S CONDITION AT BIRTH <i>Apgar 9</i>			
CHARACTER OF CRY <i>lusty</i>	RESUSCITATION USED (Type) <i>none</i>	SUCTION USED (Type) <i>bulb</i>	RESPIRATORY STIMULANT USED (Type) <i>none</i>				
RESPIRATION ESTABLISHED IN <i>stat</i> MIN.	RESPIRATION NORMAL IN <i>stat</i> MIN.	OXYGEN IN DELIVERY ROOM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DURATION <i>Ag NO2</i>		EYE PROPHYLAXIS (State type)		
REMARKS (Summary of complications, etc., of pregnancy and birth, and nature of therapy)							

SIGNATURE OF OBSTETRICIAN

DATE

INITIAL PHYSICAL EXAMINATION To be completed within twenty-four hours of birth. Note especially sutures, hemorrhage, clavicles, cephalhematoma, fontanelles, cleft palate, heart rate and rhythm, anus, skin blemishes, jaundice, sternocleidomastoid, umbilicus, hernia, clubfeet, fingers, tumors, mongolism, character of cry, other deformities. Use progress sheet for abnormalities, description, and elaboration.

GEN. APPEARANCE	FACIES	BIRTH WEIGHT	TEMPERATURE	CHARACTER OF CRY	MEASUREMENTS:		
					LENGTH	HEAD	CHEST
<i>✓</i>	<i>✓</i>	<i>7-5</i>	<i>96.2</i>	<i>✓</i>	<i>19 1/2</i>	<i>13 1/4</i>	<i>12 3/4</i>
BREATHING	CYANOSIS <i>0</i>	SKIN <i>✓</i>	VERNIX <i>✓</i>	SUBCUT. TISSUE <i>✓</i>	PALLOR <i>0</i>	ICTERUS <i>0</i>	
HEAD	FONTANELLES <i>✓</i>	SUTURES <i>✓</i>	EYES <i>RR++</i>	EARS <i>✓</i>	NOSE <i>✓</i>	MOUTH <i>✓</i>	
THROAT	NECK <i>✓</i>	CHEST <i>✓</i>	LUNGS <i>✓</i>	HEART <i>HR 110/1</i>	MURMURS <i>LLSB - ? small LWB</i>		
ABDOMEN	LIVER <i>✓</i>	SPLEEN <i>✓</i>	CORD <i>✓</i>	GENITALS <i>✓</i>	ANUS <i>✓</i>	MECONIUM <i>✓</i>	
SPINE	EXTREMITIES <i>Amputated</i>	MUSCLE TONE <i>✓</i>	PARALYSES <i>0</i>	REFLEXES <i>✓</i>	MORO <i>✓</i>	JOINTS <i>✓</i>	

ABNORMAL FINDINGS ON PHYSICAL EXAMINATION:

*HR 110/1 short syst. @ LLSB - ? small LWB*

SIGNATURE OF PHYSICIAN

DATE

SEX

RACE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

*390-930 M 19 MAR 69 PROT*

*390-930*

*D/S LCPL USMC 841 54 25*

*19 MAR 69 U.D.*

*STRAW, Andrew U.D.*

NAVAL HOSPITAL  
Camp Lejeune, N. C. 28542

NEWBORN  
Standard Form 535  
535-103

CLINIC #20255  
3 18 69

CONDITION ON DISCHARGE: (Record any significant physical findings and summarize any unusual observations or therapy during hospitalization.)

T 100 28 H°C

I 50 DEAC SAT 24 82

10 10 4V5 90 600

Isr. T-11/11 Short npt. @ LLSB  
Femoral #/H  
? small VSD

Andrew U.D. Straw

DISCHARGE FEEDING: (Use progress notes to record unusual feeding behavior)

☒ BREAST

☐ BREAST AND COMPLEMENT

☐ FORMULA \_\_\_\_\_ (Amount) \_\_\_\_\_ (Number of feedings)

SPECIFY FORMULA:

Breast  
+ vits

FOLLOW-UP

☐ NURSING VISIT ORDERED

☐ OFFICE OF PRIVATE PHYSICIAN \_\_\_\_\_ (Location)

☒ REFERRED TO CLINIC WBC \_\_\_\_\_ (Location)

\_\_\_\_\_ (Date)  
6 wks.  
\_\_\_\_\_ (Date)

☐ SOCIAL SERVICE FOLLOW-UP ADVISED.

REFERRED TO \_\_\_\_\_ (Name of social service agency)

SIGNATURE OF EXAMINING PHYSICIAN

H. Mangum

DATE OF DISCHARGE

3/22/69

WEIGHT ON DISCHARGE

6# 13 oz

PROGRESS NOTES (Sign and date all notes)

3/21/69 CIRCUMCISION 590 Dr. Feld

3-21-69 Head Circ. 13 1/2 ins. Ref.

3-22-69 1st PKU done. L. Defelici, RN

ITEM

CHECK BY WARD  
NURSE TO SIGN

TO BE CHECKED BY RECORDS OFFICE  
RETURN R.O.

REMARKS

1. COVER SHEET
2. SUMMARY
3. HISTORY I
4. HISTORY II
5. PHYSICAL EXAMINATION
6. DOCTOR'S ORDERS
7. DOCTOR'S PROGRESS NOTES
8. NURSING NOTES
9. CONSULTATIONS
10. LABORATORY REPORTS
11. TISSUE REPORTS
12. OPERATIVE REPORTS
13. ANESTHESIA REPORTS
14. TRANSFUSION RECORD
15. X-RAY REPORTS
16. ELECTROCARDIOGRAMS
17. OPERATIVE PERMITS
18. NEW BORN RECORD
19. PRENATAL RECORD
20. LABOR RECORD
21. ABBREVIATED CLINICAL RECORDS
22. AUTOPSY PROTOCOL
23. ADMISSION FORM
24. OTHER FORMS

SIGNATURE OF WARD NURSE H. Kohler R.N.

DATE 3-22-69

NOTE: CHECK ONLY THOSE ITEMS THAT ARE APPLICABLE IN EACH PARTICULAR CASE

THIS CHART IS COMPLETE 4/18/69 sur FOR PATIENTS AFFAIRS DIVISION ONLY  
INCOMPLETE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

PATIENT'S NAME, RATE, HOSPITAL NUMBER, DATE OF ADMISSION

**COMPLETE**

25 MAR 1969

390-030 M 19 MAR 69 PROT  
D/S LCPL USMC 241 54 85  
19 MAR 69 N.C.  
STRAW, Andrew U.D

1. NAME (Last, first, middle) <b>STRAW, Andrew U.D.</b>		2. REGISTER NO. <b>390-930</b>		3. ADMISSION DATE (Day, Mo., Yr.) <b>19 MAR 69</b>		4. TIME <b>1123</b>		5. DEPENDENT'S ID CARD NO. <b>N7,051,397</b>		6. EXPIRATION DATE OF DEPENDENT'S ID CARD <b>25 MAR 71</b>	
7. DATE OF BIRTH (Day, Mo., Yr.) <b>19 MAR 69</b>		8. SEX <b>M</b>		9. RACE <b>C</b>		10. RELIGION <b>PROT</b>		11. SPECIAL QUALIFICATIONS		12. SPECIAL QUALIFICATIONS NOW ASSIGNED (Yes or No)	
13. LENGTH OF SERVICE YEARS MONTHS		14. RECORDS RECEIVED HR DR SR PR ORD DISLT BAGS		15. DATE OF ORIGINAL ADMISSION (Day, Mo., Yr.) <b>19 MAR 69</b>		16. DUTY STATION AND LOCATION		17. TYPE OF ADMISSION <b>DIRECT</b>		18. PROFESSIONAL SERVICE ADMITTED TO <b>NURSERY</b>	
19. NEXT OF KIN (Name and address) <b>PHILLIP STRAW HMH 461 NEW RIVER, N.C. (MCAS)</b>		20. RELATIONSHIP <b>FATHER</b>		21. TELEPHONE NO. <b>NONE</b>		22. NOTIFY IN CASE OF EMERGENCY (Name and address if not the same as Next of Kin above) <b>SAME AS N.O.K. 443 DAVIS ST. JACKSONVILLE, N.C.</b>		23. RELATIONSHIP <b>SAME AS #20</b>		24. TELEPHONE NO. <b>342-5440</b>	
25. DIAGNOSIS (Include anatomic part if applicable)  <b>NEWBORN SINGLE 7lbs 5oz</b>		26. DIAGNOSIS <b>UNDETERMINED</b>		27. EPTE.		28. CIRCUMSTANCE OF ACCIDENT, VIOLENCE, OR POISONING		29. GEOGRAPHICAL AREA OF INCIDENCE (Complete with Item 28, and for infective and parasitic diseases)			
30. DISPOSITION DATE (Day, Mo., Yr.) <b>3-22-69</b>		31. DISPOSITION TO (Where) <b>To home &amp; mother</b>		32. NAME (Last, first, middle) <b>STRAW, Andrew U.D.</b>		33. SERVICE NUMBER <b>241 54 25</b>		34. RANK/RATE <b>LCPL</b>		35. PATIENT CATEGORY <b>MC NEWBORN WITH MOTHER</b>	
36. DESIGNATOR OR OCCUPATIONAL GR. <b>1999</b>		37. WARD NO. <b>30</b>									

CODED



# Personal Growth Associates

CLJA EX 4

(847) 413-9700

Fax (847) 413-1701

919 N. Plum Grove Rd., Suite C  
Schaumburg, IL 60173

820 E. Terra Cotta Ave., #144  
Crystal Lake, IL 60014

800 Roosevelt Road  
Glen Ellyn, IL 60137

August 20, 2014

Re: Andrew Straw  
DOB: 03/19/1969

To whom it may concern:

This is to certify that Andrew U. D. Straw, VSB# 43651, has been evaluated and followed up in this clinic on 4/29/14 and 08/08/2014. By his account and review of previous records, his current working diagnosis is **Bipolar Disorder, NOS**. In the past he was diagnosed as **Bipolar Disorder II, depressed**. He has not had any psychiatric hospitalizations in over 4 years. As of writing this **he is compliant** with taking his medications and is clinically stable. There are no active signs and symptoms of pervasive depressive symptoms, mood instability, mania, psychosis and no suicidal or homicidal ideation. He seems **quite productive in his day to day activities**.

This is written upon his request and may be used as deemed necessary. Should you have any further questions please feel free to contact this office.

Sincerely,

Maria Luisa P. Estrada, M.D.  
Staff Psychiatrist  
Schaumburg



CLJA EX 5

December 30, 2015

Andrew Straw  
1900 E Golf Rd  
Streamwood IL 60107-1389

Dear Mr. Straw:

You are currently in treatment for bipolar I disorder and anxiety not elsewhere classified. I have seen you twice in clinic. First was 3/10/15 and 10/20/15. Based on information gathered at our appointments it appears you have had a history of recurrent manic episodes with psychotic features in the past, as well as depressive episodes and you have reportedly had several psychiatric hospitalizations in the past as a result of these episodes. Your most recent episode was bipolar depression, and anxiety.

Thank you for including us as members of your health care team. If you have any questions or concerns, please don't hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "Sittanur Shoush, MD".

Sittanur Shoush, MD

25 N Winfield Rd  
Suite 401  
Winfield IL 60190-1295  
Phone: 630-933-4200  
Fax: 630-933-4210

Page 1 of 1

**Goshen Physicians**

CLJA Ex. 6

Goshen Urgent Care  
400 W Lincoln Ave  
Goshen, IN46526-4723  
Phone: (574)533-7600  
Fax: (574)533-7666

07/12/2016

Andrew Straw  
1900 E Golf Rd Ste 950  
Schaumburg, IL 60173-5034

To whom it may concern,

Andrew Straw is my patient and has 2 service dogs who help him with activities of daily living due to his bipolar disorder, anxiety disorder, depression and migraine headaches. He should be allowed to have them live with him to maintain his health.

Should you require additional information, feel free to contact our office.

Sincerely,

Provider: Ann M. Cuthbert NP 07/12/2016 08:03 AM

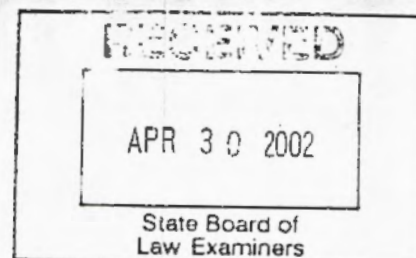
CLJA EX 7

ALEXANDER BORY, PH.D., P.C.  
Board Certified Clinical Psychology

1119 Caroline Street  
Fredericksburg, VA 22401  
Voice: (540) 371-2251  
Fax: (540) 373-5306

### Psychological Evaluation and Treatment

Patient Name: Andrew U. D. Straw  
Gender: Male  
Age: 31  
Date of Birth: 03-19-1969  
Date of Report: 06-20-2000



#### **IDENTIFYING INFORMATION:**

This patient is a 31 year old married male patient referred through his insurance company, for evaluation and treatment. He was initially seen on 04-28-1999 with weekly individual psychotherapy sessions through the above date. His termination was the result of a combination of no shows for session, non-compliance, an unfortunate resultant breakdown, and finally his move back to Indiana.

#### **RELEVANT BACKGROUND INFORMATION:**

Material contained in this report has been obtained from a variety of sources including the self-reporting of highly emotional and sensitive information. Client responses are often subjective and portray the individual in a very positive fashion, frequently with omissions of information that may be viewed negatively. Unverified or undocumented information from the patient should be viewed as potentially biased toward their personal needs and goals.

#### **HISTORY OF PRESENT PROBLEM:**

His first apparent break occurred on an overseas flight from Virginia to Bologna, when while in flight, he tried to open the aircraft door. He was arrested and involuntarily hospitalized. During the hospital stay, he related frank paranoid thoughts and visual hallucinations. He started to panic in the airplane and wanted to get out. He cleared rapidly with the aid of Haldol 5mg. And was released in the care of his wife, with a diagnosis of Brief Psychotic Disorder, 298.8

He was apparently clear 'till March of '99, when "over the week-end I had an intense experience at a meeting," prompting him again to seek further help. He described problems with stress, uncontrollable temper, work stresses, problems with career choice, sexual problems, problems concentrating, and inferiority feelings. He showed no evidence of psychosis and was on no medication.

#### **BRIEF PERTINENT HISTORY:**

Andrew was from a divorced family growing up in Northern Indiana. He has one younger brother. His parents divorced, an act, for which "I hated him" (referring to his father). His father was a butcher with his own shop, where his mother helped with the books. Andy also worked in the butcher shop as a child. His mother died of cancer and "I miss her terribly." He showed clear evidence of unresolved issues with his mother.

Following graduation from high school, he attended and graduated from IU in English and Political Science. He worked in a group home for one year and returned for a graduate degree in Language Education at IU. He was deeply involved with local politics and continued on to Law at IU from '95 to '97. He was admitted to the Bar in Virginia in 1999.

He met and married an Italian national and has one child. She has an advanced degree in Chinese Language and studies. Their marriage is generally good, though prone to conflicts and arguments both stemming from cultural differences and perceptual issues. Andy tends to misread situations.

#### **PSYCHOLOGICAL TESTING:**

Andy was not tested 'till shortly prior to termination from this service. He was experiencing a marked deterioration, with disturbing delusional thinking and a Minnesota Multiphasic Personality Inventory 2 was administered to him on 05-11-00. The results were clear with elevation on 6 and 8 with a valley of 25 points at 7 as well as an elevation on the 4. Individuals with similar profiles are usually acutely schizophrenic or pre-schizophrenic, typically with paranoid delusions. Depression, emotional inappropriateness, over-ideation and fears and phobias often are present. These people spend much time in daydreams, are shy and anxious, and keep others at a distance. They show difficulty in concentrating, and their thinking is often autistic. The content of these patients' thoughts is almost always uncommon and unconventional. Suspicion, distrust and grandiosity are typical. Behaviorally, these patients are often unpredictable. Most have inner conflicts about sexuality. Paranoid Schizophrenia became a likely diagnosis which was conveyed to his psychiatrist, Dr. Y. Lee.

#### **MENTAL STATUS EXAMINATION:**

Andy was always nicely and appropriately dressed and groomed. He was very verbal and demonstrated a way above average fund of knowledge and vocabulary. His thoughts tended toward the tangential, though he can indeed keep to linear and goal directed with the exception of the times of delusional activity. In the last several weeks, he tended to deteriorate and indeed demonstrate frank paranoia. He refused to take his medication as it slowed him down. Denied suicidal and homicidal ideation. Upon termination, Judgment was felt to be poor with very poor and convoluted insight.

## DIAGNOSTIC IMPRESSIONS:

Axis I 295.30  
Axis II 799.9  
Axis III  
Axis IV  
Axis V 30/80

**Schizophrenia, paranoid type**

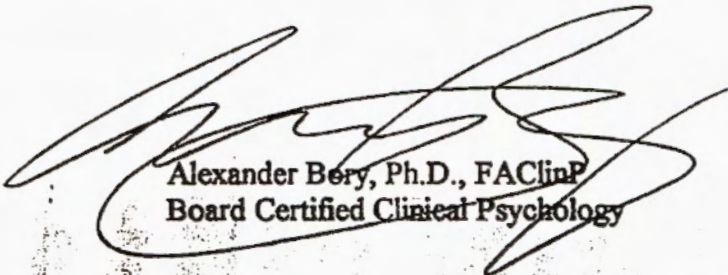
Deferred

None noted

work stresses; wife visiting family in Italy

## CONCLUSIONS AND RECOMMENDATIONS:

In a little over a year of individual psychotherapy, much was gained, as his issues were examined, explored and he felt fully supported. Toward the end of this treatment process, his wife left for Italy on an extended visit to her parents, taking their young child with her. Simultaneously, immigration problems were looming making it possible that she may not be able to permanently return to the US. Again, at this time, Andy became embroiled in some local politics as well as National politics wherein he accosted the Chief Clerk of the Supreme Court. As he revealed this last, I used some unfortunate phraseology (i.e. one gets "cut off at the knees" by powerful individuals like that) to let him know how much political danger he was producing for himself. About one week later, he decided to "fire" me under the guise that I must be having an affair with his wife. I spoke with him several times by phone, and he agreed to take his medications as prescribed by Dr. Lee as well as to attend his next session with me. This last, he did not do, nor did he call to cancel. Under these circumstances, he was terminated from this service.



Alexander Bery, Ph.D., FAClinP  
Board Certified Clinical Psychology



DEPARTMENT OF THE NAVY  
OFFICE OF THE JUDGE ADVOCATE GENERAL  
TORT CLAIMS UNIT NORFOLK  
9620 MARYLAND AVENUE SUITE 205  
NORFOLK VA 23511-2949

EXHIBIT 8

5890  
Ser CLS23-004519  
February 10, 2023

VIA ELECTRONIC MAIL

[REDACTED]

Dear [REDACTED]:

SUBJECT: CLJA CLAIM SUBMISSION DATED AUGUST 17, 2022  
CLJA CLAIMANT: ANDREW STRAW  
DON CLAIM NO.: CLS23-004519  
FIRM FILE NO.:

This letter is in regards to the Personal Injury submission alleging damages caused by exposure to contaminated water at Marine Corps Base Camp Lejeune. The claim was received in this office on August 17, 2022.

The submission has been reviewed and has been determined that it does constitute a properly presented claim. At the time of this letter, additional information is not immediately required, however, in accordance with 28 C.F.R. § 14.4 and 32 C.F.R. § 750.27 claimants are required to comply with any future requests for information.

Please take note, if a submission purports to file multiple claims on a single claim form in violation of 32 CFR § 750.6, the additional claim(s) are not deemed to be properly presented. For example, if a properly presented claim for personal injuries due to first-hand exposure includes additional facts, circumstances, or allegations that may indicate more than one actionable claim; such as the wrongful death of a spouse, loss of consortium, or damages listed on behalf of a party who is not the named claimant, the additional potential claims will not be considered to be submitted and the two-year statute of limitations will continue to run on the other potentially actionable claims.

Please take further note, if a claim for personal injuries listing either miscarriage or stillbirth is filed, the fetus will be presumed to be non-viable under the laws of North Carolina and the personal injury claim will be deemed to be properly presented. If during the course of the DONs investigation, it is determined that the fetus was viable at the time of death, the claim may be denied.

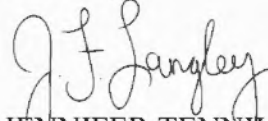
5890

Ser CLS23-004519

February 10, 2023

If you require further assistance, please contact the TCU office by phone at (757) 341-4583 or email at [CLclaims@us.navy.mil](mailto:CLclaims@us.navy.mil).

Sincerely,



JENNIFER TENNILE LANGLEY

Department of the Navy

Tort Claims Attorney

cc:

